

DOCUMENT RESUME

ED 051 900

PS 004 854

AUTHOR O'Farrell, Brigid
TITLE A Study in Child Care (Case Study from Volume II-A):
"Children as 'Kids'." Day Care Programs Reprint
Series.
SPONS AGENCY National Center for Educational Communication
(DHEW/OE), Washington, D.C.; Office of Economic
Opportunity, Washington, D.C.
PUB DATE Nov 70
NOTE 50p.
EDRS PRICE MF-\$0.65 HC-\$3.29
DESCRIPTORS *Cooperative Programs, *Day Care Programs, *Day Care
Services, Emotional Development, Fees, *Financial
Support, Handicapped Children, Hospitals,
Organization, Parent Participation, Private
Financial Support, Program Descriptions,
*Rehabilitation Centers, Social Development
IDENTIFIERS *Georgetown Day Care Center

ABSTRACT

The Georgetown Day Care Center, in Washington, D.C., is dually sponsored by a large hospital and a private non-profit organization and offers day care services to a small number of the children of parents who work at the hospital. The center also functions as a halfway house for children in a diagnostic center which identifies preschool children with observable or potential handicaps. The day care program allows these children to be gradually introduced into a normal preschool setting, while they are being worked with and observed. The primary emphasis of the program is the child's social and emotional development, but some pre-reading and pre-kindergarten math materials are used. A unique combination of use of private and public resources is demonstrated in this center, for the hospital provides physical facilities, health care, and food services; the private organization raises funds for teachers' salaries and supplies, and provides volunteer help in the classroom; and the parents pay on a sliding scale based on income. Parents meet regularly and are represented on the advisory committees. Appendixes include samples of parent and volunteer involvement materials. (NH)

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRO-
DUCED EXACTLY AS RECEIVED FROM
THE PERSON OR ORGANIZATION ORIG-
INATING IT. POINTS OF VIEW OR OPIN-
IONS STATED DO NOT NECESSARILY
REPRESENT OFFICIAL OFFICE OF EDU-
CATION POSITION OR POLICY.

DAY CARE PROGRAMS
REPRINT SERIES

ED051900

"CHILDREN AS 'KIDS'"

Georgetown Day Care Center
Washington, D. C.

Principal Author: Brigid O'Farrell

Field Observers: Harry Etukudo
Marty Gordon

Case Study from Volume II-A

A STUDY IN CHILD CARE

sponsored by

The Office of Economic Opportunity

PS 004854

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE/Office of Education
National Center for Educational Communication

TABLE OF CONTENTS

	<u>Page</u>
At A Glance	1
Georgetown, November, 1970	3
Notable Elements	7
Dual Sponsorship	7
Half-Way House	8
Background Information	11
History	11
Community Characteristics	11
Parents	12
Basic Program	15
Education	15
Food	16
Parent Involvement	16
Health Care	17
Social Services	17
Transportation	18
Volunteers	18
Organization	19
Policymaking	19
Staff Organization	20
Organization Chart	21

Staff Meetings and Records	22
Staff Selection and Training	22
Staff Roster	24
Director Time-Use Chart	25
How Resources Are Used	27
In Conclusion	29
Appendix	33
Center Pamphlet	34
Suggested Schedule	36
Lunch Menu	37
Parent Involvement Material	38
Volunteer Report.	41
Table of Contents from Volunteer Training Packet. .	44
Admission and Health Forms	45

AT A GLANCE

GENERAL

SINGLE CENTER in Georgetown University Hospital

SPONSORED BY: Council Day Care Centers, Inc.
(private, non-profit corporation)

ADMISSION CRITERIA: Children of hospital employees

TOTAL CHILDREN: 14 enrolled/10.5 A.D.A. (pre-school)

TOTAL PAID STAFF: 2 (all full-time) 80 hours/week

TOTAL IN-KIND STAFF: 7 (0 full-time) 42 hours/week

HOURS: M-F, 7:30 AM - 4:30 PM, 52 weeks

SPACE (sq. ft./child): Indoor = 54
Outdoor = 93

CENTER OPENED: January 26, 1970

STAFF POSITIONS: Director, Head Teacher, Assistant Teacher,
(Social Worker, Nutritionist, Public Health Nurse -- minimal
contact)

CONTACT: Director
Georgetown University Hospital Day Care Center
3800 Reservoir Road
Washington, D. C.

202-625-7678

DISTRIBUTIONS

ETHNIC: Children: 43% Black, 50% Anglos, 7% Oriental
Staff: 100% Anglo

SEX: Children: 36% girls, 64% boys; Staff: 100% women

OVERALL ADULT/CHILD RATIO: 1 to 3.6

ADULT/CHILD CONTACT HOUR RATIO: 1 to 4.2

FAMILY STATUS: 64% complete, 36% mother only

PARENT EMPLOYMENT: 100% employed

C O S T S

TO PARENTS: Income

\$5,000 or less - \$5/week
\$5,000 - 10,000 - \$10/week
\$10,000 or more - \$20/week

TO CENTER: \$2,933 per child/year, \$1.38 per child/hour

ESTIMATED FUNDING, 1970-71:

National Council of Jewish Women	\$16,500
Parent Fees	6,700
In-Kind	<u>7,600</u>
	\$30,800

N O T A B L E E L E M E N T S

DUAL FUNDING

HALF-WAY HOUSE

GEORGETOWN, NOVEMBER, 1970

Georgetown is an antique and expensive residential area in the northwest section of Washington, D. C. On the far side, along the Potomac River, can be seen the spires of Georgetown University, founded by the Jesuits in 1789. At the edge of the surrounding campus begin the grounds of the university hospital: a huge complex of buildings (sleeping 400 patients) in the midst of trees and grass, edged by blocks of lovely homes on quiet streets.

While the university and the hospital are set in this wealthy, mostly Anglo neighborhood, the city of Washington itself is over 60% Black, with poor housing, high unemployment and inner-city strife. The stark contrast in the environment is reflected in the hospital and university personnel: janitors and doctors, students and professors, inner-city and suburban, Black and Anglo, national and foreign. All are represented in the nation's capital, and similarly reflected in the staff of one of its leading universities.

The Georgetown Day Care Center, established to meet the needs of these employees, is located in one small room, with a large walk-in closet, on the first floor of the hospital. Next door is a similar room used by the Diagnostic Nursery Center, with a glassed-in observation area between the two. Offices for the University Affiliated Center for Child Development are found just around the corner and down the hall a little way. The day care area can be entered directly from the outside, or it can be gotten to by coming in the front door of the hospital and winding your way through a maze of long white halls.

The center is open from 7:30 a.m. until 4:30 p.m. The hours are one of the main problems at the present time. Most of the para-professional and non-professional employees work shifts from 6:00 a.m. through 6:00 p.m. and are, therefore, not able to avail themselves of

the center services. Those who work hours convenient with the center hours are the higher paid professionals -- doctors, nurses, technicians, etc. This restricts the economic and ethnic mix of children originally planned for and also prevents delivery of the service to those who need it most.

The room is cheery, completely carpeted, brightly lighted, with a very warm, friendly atmosphere. There are sliding glass doors on one side opening onto a small enclosed outdoor play area. From the top of the doors a large black and gold paper fish watches over the children, teachers and volunteers. There are usually about ten children, with one or two kids from the diagnostic center in and out for a few days at a time. There are also two teachers and one or two volunteers.

Indoor equipment includes labelled cubby-holes, several tables and chairs, easels, and a child-sized housekeeping corner. There is an activity table, bookshelves and art shelves, with paints, brushes and glue. You can see the outdoor equipment through the glass doors, including a climbing bar, tree stumps, tricycles, a seesaw, wagon, rocking boat, hose and sprinkler and balls.

Dr. Robert Clayton, Director of the University Affiliated Center for Child Development, is the part-time administrative director and medical consultant for the center. He also serves as Associate Professor of Pediatrics at the university hospital. Dr. Clayton is very interested in building a child center-community health system and is currently proposing that they operate a community medical system which would have an inner-city ghetto component. A new day care center, part of the community medical system, would be located in a ghetto neighborhood with a high concentration of hospital employees. He feels this would alleviate the present center's hours problem while serving the university and its environs.

Dr. Clayton works closely with Else Smithcors, the head teacher. Miss Smithcors is a small, quiet lady in her early forties. She has a B. S. degree with twenty-one years of experience. She had previously worked in a Head Start program and has a great deal of experience working with volunteers. "Miss Else" and "Miss Carol" (Mrs. Carol Geltman is the young assistant teacher recently graduated from college) are regularly helped by a core of volunteers from the local chapter of the National Council of Jewish Women.

The parents pay on a sliding scale to have their children in the day care center. There are few families with incomes of less than \$5,000 and the majority are over \$10,000 at the present time. This is due in part to the problem of hours mentioned earlier. The parents' organization has met, and they are beginning to take a more active part in center affairs.

In November, 1970, Georgetown provided an interesting combination of day care resources: a private non-profit organization raising funds and supplying volunteers; a large institution providing facilities and services; and parents paying fees in proportion to their salaries. While this combination is able to provide quality day care as well as act as a half-way house for handicapped children, it remains extremely small and far from meeting the needs of all the hospital employees.

NOTABLE ELEMENTS

Dual Sponsorship

Council Day Care Centers, Inc., has combined the energy and resources of a private, non-profit organization, the facilities and services of a large institution, plus the needs and means of the employees to plan and operate a small day care center. This center represents the efforts of the National Council of Jewish Women, the Georgetown University Hospital and its employees.

The National Council wanted to establish a socially and racially integrated model day care center for hospital employees. Several hospitals were approached, and Georgetown expressed an interest in the project. The Council agreed to provide teachers, substitutes, and volunteers, as well as indoor equipment and supplies, while the university hospital supplied indoor and outdoor space, utilities, food, maintenance, medical services and training for staff to work with handicapped children.

The National Council formed Council Day Care Centers, Inc., received a two year grant from the Public Welfare Foundation, held a benefit luncheon and approached local merchants for donations of money or equipment. The hospital then set a fee basis, varying in proportion to the employees' salaries.

Parents consider it a great convenience to have the center right in the same building where they work. At the same time, the massive facilities and the extensive health and nutrition programs of the hospital enable them to provide quality services at much less cost than if the Council tried to provide them independently. Teachers' salaries and supply costs, clearly not absorbable by the hospital, are then picked up by the National Council of Jewish Women.

Parents and the officers of the National Council make recommendations and advise the day care center director, appointed by the University Vice President for Medical Center Affairs. He, in turn, along with other hospital administrators make final recommendations to the Vice President. Council Day Care Center, Inc. and the university agreed to all of the arrangements in a formal agreement, subject to renewal in one year.

Half-Way House

The day care center functions as a half-way house for the children in the Diagnostic Nursery Center, also a part of the University Affiliated Center for Child Development. The objectives of the nursery center are to identify pre-school children who may have handicapping conditions or who may present potential problems in existing pre-schools; to integrate selected children into classes for normal children; to coordinate parent activities with nursery programs; to develop effective programs for multiple-handicapped children; and to recruit and train professional and sub-professional personnel to work effectively with these children.

Initially each child is involved in intensive diagnostic evaluation, and then exposed to a wide variety of materials, methods, and educational strategies to find an appropriate educational placement when staff feel the child is ready to move on. The entire staff is available to all of the children, and they work closely with referring agencies, parents and schools in order to formulate a method for dealing with children who present potential problems.

The day care program offers a place where the children can be gradually introduced into a normal pre-school setting yet continue to be observed and worked with, before being placed in a pre-school on a full-time basis.

During the first seven months of operation, there had been seven referrals (5 boys and 2 girls, 5 Anglo and 2 Black) to the day care center with no more than 12 of the regular kids there. They would come into the class area for a few hours a day or several days a week. Teachers from the nursery would often times come with them. It is all handled somewhat informally and to the observers, appeared to cause no strain for the teachers or the children in the day care program. The children seemed delighted to have some one new to play with, and teachers, children and volunteers alike have learned to work and play with handicapped children, while the handicapped children are better prepared to adjust to normal pre-school activities.

Through a unique combination of resources, the Georgetown Day Care Center is able to provide day care for a small number of hospital employees, as well as providing an additional service to a group of handicapped children. While the program is still fairly new, it was the general opinion of the observation team that the program was working smoothly both as a quality day care center and as a half-way house.

BACKGROUND INFORMATION

History

In 1969 the Child Development and Diagnostic Center became independent from the Pediatrics Division of the Georgetown University Hospital and known as the University Affiliated Center for Child Development. In November of 1969 the Diagnostic Nursery Center was established. The education core of the center is affiliated with George Washington University and is funded through the Bureau of Education for the Handicapped of the U. S. Office of Education. The project is one of 24 authorized and funded under Public Law 90-528, Handicapped Children's Early Education Assistance Act of 1968.

The hospital then became interested in providing day care services for their employees, as well as a place where children from the diagnostic center could practice their acquired skills under adequate supervision but in a normal pre-school atmosphere. At this same time, the National Council of Jewish Women had some resources and wished to establish a demonstration day care center, providing quality day care to an integrated group of children.

Council Day Care Centers, Inc. was established, and an agreement was signed with Georgetown University Hospital. The National Capital Day Care Center, Inc. was consulted for provision of guidelines and standards for staffing, and an open house was held to introduce the center to the community and potential volunteers. The center opened January 26, 1970.

Community Characteristics

The District of Columbia is a large metropolitan area of about 800,000 people, surrounded by suburbs in Maryland and Virginia.

It's a federal city, with a mayor appointed by the President and a budget approved by both Houses of Congress. The Government is a key employer and there is little industry in the immediate area.

Georgetown University is a private co-educational school founded in the late 1700's by John Carroll, Bishop of Baltimore. The university now has about 4,300 undergraduate students and 4,200 graduate students. The hospital is part of the medical school, employing approximately 1,400 people.

The hospital community to be served by the day care center covers janitors, kitchen help, office staff, students, interns, doctors, nurses, technicians and the teaching staff. There is a great mix of cultures and nationalities with many students, teachers and workers coming from other countries as well as from the ghettos, the suburbs and the Georgetown area itself. With a capacity for only 15 children, however, the Georgetown center does not begin to meet the needs of the hospital community, much less the even greater needs for day care in the Washington area.

Parents

The only criteria for admission is that at least one of the parents be a full-time employee of Georgetown University Hospital. The exception to this is the children from the diagnostic center who come in and out of the day care center for short periods of time. The fees are based on the total family income, and the scale is adjusted accordingly:

Sliding Scale

\$5,000 - under	\$5.00/week
\$5,000 - \$10,000	\$10.00/week
\$10,000 - up	\$20.00/week

Maximum enrollment at any one time has been 12, with 7 referrals from the Diagnostic Nursery. During the first 6 months, 8 children came from the District of Columbia, 3 from Maryland (Bethesda, Chevy Chase and Silver Springs) and 3 from Arlington, Virginia. Of 5 children who had no father in the home one was an only child and the other 4 were the youngest of children in each household. Two of the remaining 9 were only children, the others all having brothers or sisters. None of the families were on welfare.

Their mothers worked at the hospital in the following positions: Abstractor (Research Project), EKG Technician-Secretary, Lab Worker, M.D. Pediatrics Resident, Nurses' Assistant, Pathologist, Physical Therapist, R.N. Supervisor, 3 secretaries, a Surgical Technician-Cardiologist, a Social Worker and one Transporter. Seven of the parents paid \$20, 6 paid \$10 and only 1 paid \$5.

BASIC PROGRAM

Education

The center's educational philosophy revolves around providing a warm, understanding relationship between adults and children, in order to foster the social-emotional development of the growing child. Emphasis is on teaching the child to use materials, to cooperate with adults and other children, and to prepare for further educational experiences. Stress is placed on praise and recognition.

Children are free to participate or refuse to participate in any activity, moving from one experience to another at will. They are free to go from a single activity to a group and back again. Activities are generally spontaneous rather than scheduled, and rarely does an adult disrupt a child's play.

Self-reliance is encouraged by children washing and dressing themselves. They help set tables, pass food around, clean up their own messes and are encouraged to help each other. Each child has a cubby hole with his name on it, and the doors are designed so that children can open them. They also have their own cots which they can move around by themselves.

Children are taught language development and pre-reading skills, and the Katherine Stearn pre-kindergarten math materials are used in the development of numerical concepts. The primary emphasis of the program, however, is on social-emotional development. This area is seen as the primary need to be filled as a necessary background for learning.

Music is encouraged through records, phonographs, zither, recorder, bells and dancing. They make their own play-dough, potters clay and boxes. The kid's art work is labelled and displayed all over the room.

The program tries to offer a range of activities and experiences which will help the children to develop positive self-images. Flexible planning enables the group to use incidental learning in the hospital itself. Visits have been made to the kitchen, for example, to look at the equipment and to learn about what happens in an institutional kitchen. A copy of the daily schedule is found in the Appendix.

Food

The center maintains well-balanced diets for all of the children. The food is supplied by the hospital as part of its regular nutritional program. The children have no apparent nutrition problems.

The children are given two snacks a day and a hot lunch. The food is delivered to the door, on covered trays by hospital staff. Breakfast is not served, but if a child comes in hungry he is fed. A sample menu is attached.

Parent Involvement

Parents are very interested in the day care center, wanting to insure that it stays there and also wanting to expand it. They take care of all of the laundry needs of the center and offer to relieve teachers whenever it is possible. This can be done because they are so close to the center when they are at work.

They meet regularly once a month. They elect a representative to the hospital advisory committee, 3 representatives to the council advisory committee, and one representative to the National Council of Jewish Women Day Care Committee. Their influence on policy is not extremely strong at this time, but the director hopes to see it increase in the future.

Parent education is very limited at the present time, and no special programs have been established. There is an elaborate program,

however, for the parents of the handicapped children. They have daily meetings with the social worker, psychiatrist and educational consultant. In both instances, the staffs are concerned that what the child learns in school is carried over into the home.

In general, the parents seemed to feel that they do in fact have a positive influence. Things they recommended so far, such as covering the outdoor play yard, not paying the fee during vacation and having a problem child referred to a specialist, have all been acted on. Samples of parent activity are included in the Appendix.

Health Care

The director acts as pediatric consultant to the center and a public health nurse is always on hand. Each child is given an examination when he enters the center and a complete health record is kept on him. (There is a sample form in the Appendix.) The hospital also provides a non-continuing medical and dental advisor service. In case of an emergency the child is moved to the hospital facilities, and the parents and family physician are contacted if possible.

The children have access to the hospital facilities, but this is a benefit of having parents working in the hospital. It is, however, extremely helpful to have the medical staff and facilities so near.

Social Services

The center has the assistance of a full-time social service worker, who is part of the regular hospital staff. She is available to work with both day care center and with diagnostic center children and parents on a regular basis. There has been little contact with the day care center, however. The staff seemed to feel there was a hesitancy

on the part of parents and staff because they are all fellow employees. This service may develop more as the center gets larger and handles more children.

Transportation

Transportation is not provided by the center. Children are dropped off by their parents on their way to work in the morning and picked up on their way out the door at night. Many of them may, however, have to bring a child a long distance on public transportation in rush hour traffic. If the parents are not coming to work, then the kids do not go to school that day.

Volunteers

One emphasis of this program is to provide volunteers for the center from the membership of the local chapter of the National Council of Jewish Women. They provide the third person in the classroom on a regular basis, with five to ten volunteers per week. They are predominantly middle-class Anglo women.

A record is kept of all volunteer activities, and the head teacher sends regular reports to the Council. A sample of the volunteer schedules and the Table of Contents of training materials are included in the Appendix to this volume.

ORGANIZATION

Policymaking

The final authority for resolving any questions concerning policies and administration is vested in the Vice President for Medical Center Affairs of Georgetown University. An Advisory Committee has been established to make recommendations to the Vice President, which includes a representative from the Council Day Care Centers, Inc., one representative from the parents' organization, the Hospital Administrator, the Director of Nursing, and the Director of the Department of Social Work. This group meets quarterly.

Recommendations to the Advisory Committee are made by the Director of the University Affiliated Center for Child Development, also director of the day care center. He meets monthly with his Advisory Council, composed of three parent representatives and the six to eight officers of the National Council of Jewish Women. An educational consultant and other in-house staff are called upon when matters involving the interactions of the Diagnostic Center and the day care program are in question.

The day care center is a very small part of the overall child development operation, so that the policy makers and the major administrators are somewhat removed from the center activities and have very little contact with the teachers and staff. Specific areas within the center program are administered as follows:

Program Planning--Planning is handled by the director and the Advisory Committee, with final approval by the Advisory Committee and the Vice President. On the daily program level, the director and the teachers plan activities and the director has final approval.

Budgeting--The National Council of Jewish Women develops and approves the annual budget, discussed under the Notable Elements section of this study. The hospital has sole authority to set tuitions and related fees and is responsible for collecting these fees. They also recruit children for the program.

Staffing--The National Council of Jewish Women and the director, with recommendations from the Advisory Council, hire and fire staff, with the Council determining the conditions of employment. The director is appointed by the Vice President for Medical Center Affairs, to represent both the council and the hospital.

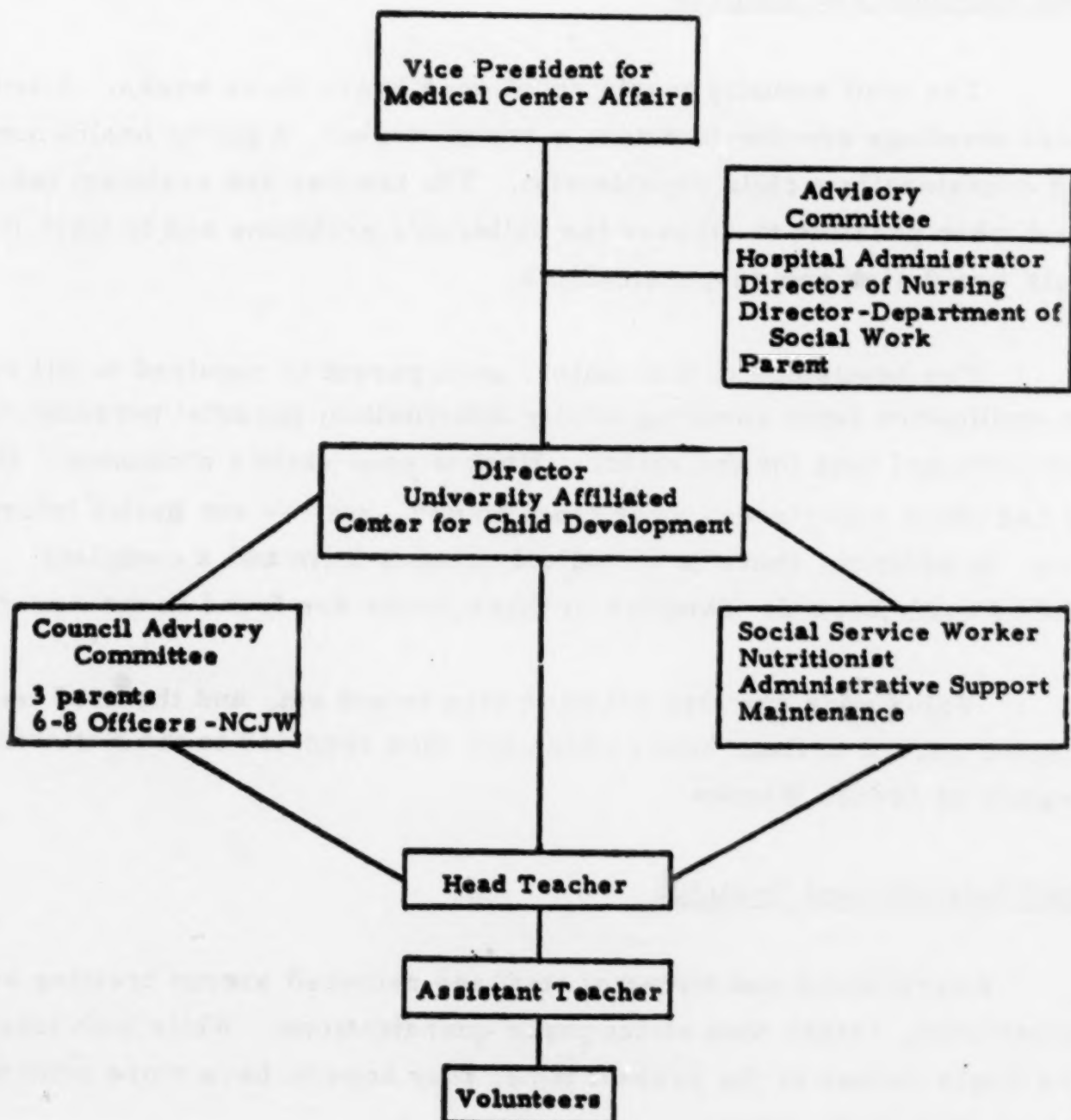
Operations--The head teacher helps set daily program activities and shares responsibility with the director for setting the overall curriculum.

Staff Organization

The director has full authority to supervise and manage the day-to-day activities of the center. He estimates that he spends one hour a week actually involved with day care matters. All secretarial and administrative support work is handled from his office, as director of the University Affiliated Center for Child Development.

All maintenance, housekeeping and food services and supplies are the responsibility of the regular hospital staff. Except for the director, the head teacher and the assistant teacher, all staff members are full-time hospital employees and only incidentally provide service to the day care center. This includes the social worker, public health nurse, dentist and nutritionist.

**GEORGETOWN DAY CARE CENTER
ORGANIZATION CHART**



The two teachers are responsible for the daily activities in their classroom and plan curriculum within the basic structures approved by the director. They carry out general child education, with emphasis on social-emotional development activities. They are assisted by the volunteers.

Staff Meetings and Records

The staff actually meets about once every three weeks. Attending these meetings are the director, a social worker, a public health nurse, and occasionally a child psychiatrist. The teacher and assistant teacher meet when possible to discuss the children's problems and to work out their own duties and responsibilities.

For admission to the center, each parent is required to fill out an application form covering family information; parents' personal data, and personal data for the child-- What is your child's nickname? Has he had other experiences away from home?, etc. -- and health information. In addition, there is a medical consent form and a complete Child Health Record. Samples of these forms are found in the Appendix.

Volunteers are also asked to sign in and out, and the head teacher keeps a record of their hours which are then reported to the National Council of Jewish Women.

Staff Selection and Training

Recruitment and hiring of staff are centered around training and experience, rather than strict paper qualifications. While both teachers are Anglo women at the present time, they hope to have more ethnically mixed staff in the future.

The Council determines conditions of employment for the professional personnel. Normally there is one supervisor for every five

children and one full-time professional teacher and one full-time assistant teacher, each responsible to the director of the day care center.

There is an informal, in-service training program in which the head and assistant teachers spend about two hours per week. Volunteers also attend in-service training, with the head teacher spending additional time with the volunteers.

GEORGETOWN UNIVERSITY HOSPITAL DAY CARE CENTER'S STAFF ROSTER

STAFF POSITIONS	Hours/Week (Av. Position)		Child Contact Hours/Week (Av. Position)		OVERALL PAID STAFF PROFILE
<u>Total Staff (9 - 3.1 full-time equiv.)</u>	122	107			
<u>Paid Staff (2 full-time)</u>	80	71			Education: B.S. 2
HEAD TEACHER	40	35			
ASSISTANT TEACHER	40	36			
<u>In-Kind Staff (7 - 1.1 full-time equiv.)</u>	42	36			
HOSPITAL ADMINISTRATOR	1	-			
DIRECTOR	1	-			
VOLUNTEERS (5)	40(8)	36(7.2)			
<u>Hospital Staff</u>					
DOCTOR	-	-			Sex: Male 0 Female 2
NUTRITIONIST	-	-			
SOCIAL WORKER	-	-			Ethnicity: Anglo 2
PUBLIC HEALTH NURSE	-	-			
Parents of Project Children: 0					

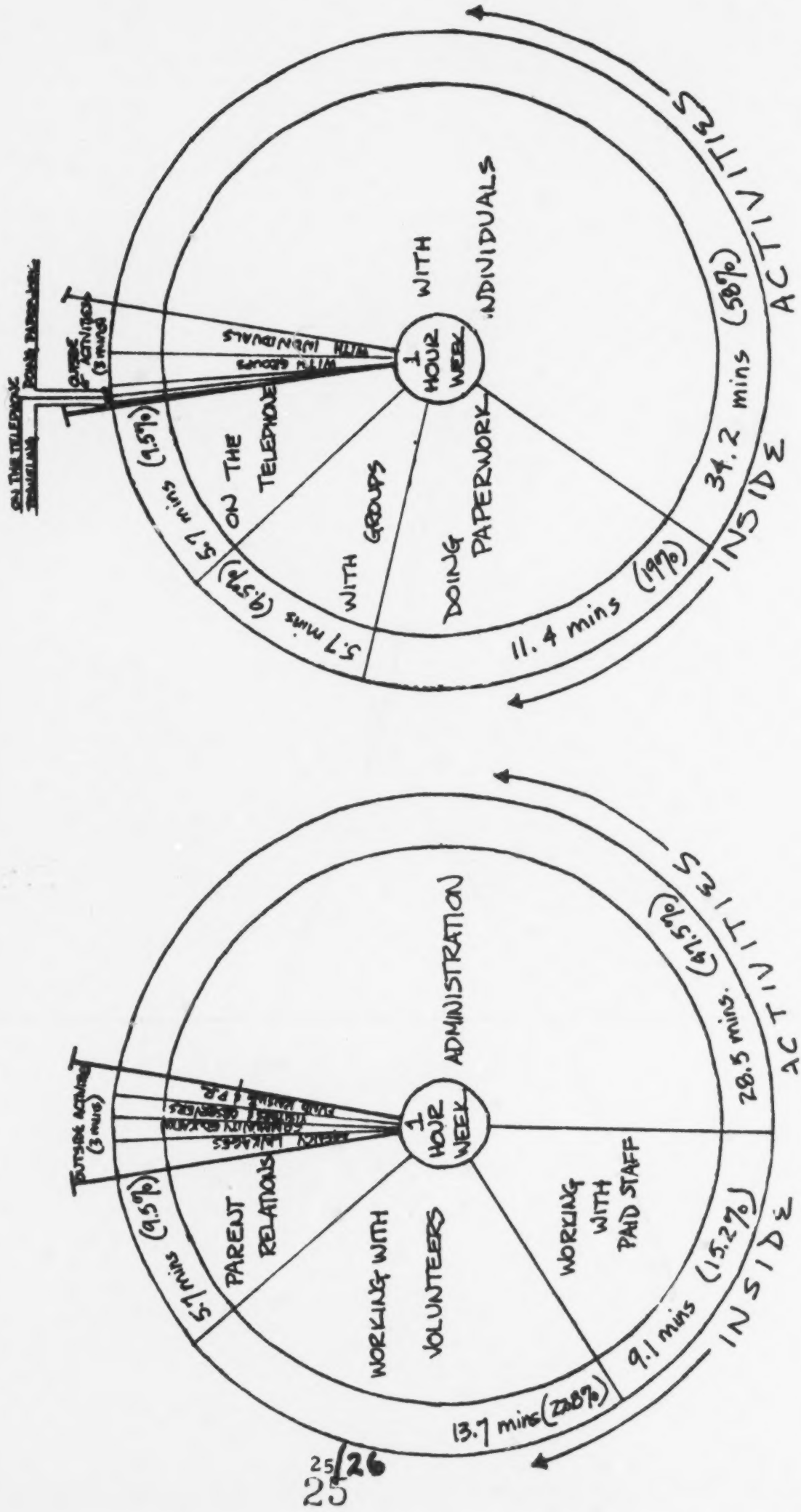
* Estimated

This is the way Georgetown University Hospital

Day Care Center's Director spends his time:

This is what he spends it on:

And this is how he spends it:



HOW RESOURCES ARE USED

On the next page is the functional breakdown of the way 1970 - 71 income (shown in At A Glance) will be used. The In-Kind column may include one or more of the following types of donations: materials, facilities, underpaid labor, volunteer labor, and labor paid for by another agency.

For the sake of clarity, expenditures are divided into four categories. Together, the first three make up basic child care costs:

I. STANDARD CORE

This category shows costs commonly incurred in day care operations:

- A. Child Care and Teaching--personnel, curriculum and general classroom supplies.
- B. Administration--personnel, equipment depreciation, office supplies, staff travel, telephone, insurance, audit.
- C. Feeding--personnel, food stuffs, other food related expenses.

II. VARYING CORE

This category shows costs which can be assumed either by operators, or by parents, or by both:

- D. Health--personnel, supplies, health related services.
- E. Transportation--personnel, operating expenses, maintenance, insurance.

III. OCCUPANCY

Because occupancy costs vary widely, they are shown separately. Included: rental value of property, utilities, taxes, property insurance, custodial personnel and supplies.

IV. SUPPLEMENTAL SERVICES

This final category shows program enrichment elements above and beyond basic care which have significant dollar costs or revenues associated with them.

GEORGETOWN ESTIMATED \$ AND IN-KIND EXPENDITURES 1970 - 71*

SUMMARY:	% of total	total cost	cost/child year	cost/child hour	Personnel costs make up:
Standard Core	89%	\$27,200	\$ 2,590	\$ 1.22	68% of \$'s
Varying Core	- %	100	10	-	98% of In-Kind
Occupancy	11%	3,500	333	0.16	75% of Total
TOTALS	100%	\$30,800	\$ 2,933	\$ 1.38	(\$ + In-Kind)

*costs to nearest \$100,
% to 1.0

BASIC CARE					
I. STANDARD CORE COSTS			% OF TOTAL	TOTAL	= \$ COST + \$ IN-KIND
A. Child Care and Teaching	70%	\$21,500		\$16,400	\$5,100
B. Administration	9%	2,700		300	2,400
C. Feeding	10%	3,000		3,000	-
II. VARYING CORE COSTS					
D. Health	-	-		100	100
E. Transportation	-	-		-	-
III. OCCUPANCY COSTS					
	11%	3,500		3,500	-
TOTALS	100%	\$30,800 (100%)		\$23,200 (75%)	\$7,600 (25%)

IN CONCLUSION

Comments about the Georgetown Day Care Center cover the full range, from raves to disappointments, and perhaps best sum up its impact.

Parents' comments:

"He learns respect." "The teachers are understanding and patient." "He has other children to play with, especially boys. He learns to take responsibilities, learns to give and take -- to share." "I like the social-emotional emphasis." "I can reason with him now, he listens and knows certain rules that have to be followed." "He has picked up good manners." "I have seen her develop good traits and this pleases me." "She eats well and tries to take a variety of foods." "This program helps him relate to other children through various educational activities. He is beginning to acquire knowledge." "It is a well rounded program with equal balances of emotional-social and intellectual development, plus they learn different cultures."

"He has stimulating, interested and loving teachers." "The teachers are qualified, experienced, progressive, loving, dedicated and concerned with child development." "The teachers are patient." "They understand children as 'kids'."

"I work here. It makes it easy for me to drop him off and pick him up after work." "The parents indicated some of their concerns and/or improvements about the center and usually these suggestions, etc. go through." "Things asked for are never turned down (carpeting, not paying during vacation, having a problem child seen by someone qualified)." "I would be paying more for a baby-sitter." "The very setting provides convenience to the parents working here. Also in case of sudden illness, there is the hospital for the child." "I don't like the lack of gradation of activities." "He has picked up swear words."

Teachers' comments:

"A good teacher must have the openness to learn from the children and situations, to see each child as an individual, helping him to develop according to his capacity. A teacher

must search and constantly seek to improve intellectually and keep up with modern improvement in education research."

"A teacher must have innate abilities to assess needs of children and act upon them." "A teacher must have:

- awareness of developmental needs of children of a particular age group
- acknowledgment that there they are people not children
- patience
- awareness of own values and personality needs -- why working with children
- open-mindedness to differences that exist among all people
- flexibility to learn from kids
- creativity to build on children's innovations
- ability to look beyond behavior and deal with emotions
- perception regarding needs of parents and their feeling towards their children.

"I encourage self-expression, successful peer integration, independence, resolving conflicts without aid of adults and creativity and spontaneity." "The children learn to know they are individuals; to use their initiatives. They learn to verbalize with peers and adults and to develop physically."

"I encourage initiative and discovery in the children. Development of self-confidence, inner-control and expression of feelings. They learn to verbally defend themselves."

"I pat them on the back and verbally reinforce what they do."

"I discourage crying, whining, dependence and physically hurtful behavior. I ignore it if such is appropriate or give alternatives. I talk with the child, sit the child down if his or her behavior is so disruptive that it will hinder the normal functioning of the class or separate him from the class for awhile." "The small group situation allows working with individual needs of kids, and you get to know them."

"Parents have an increasing involvement, and they are moving towards having the power to make decisions."

"Parents have improved the facilities and attempted to ease the work load of the staff." "Concerns of parents should be recognized and acted upon by the center director."

"I am getting the kind of experience that I might not find in another setting. This experience will be to my advantage in the future." "I like the experimental pioneering adventure in this unique setting." "I like the flexibility of being a pilot program and the mixed background of the children."

"Some of the administrative duties cut into my teaching program." "We can improve the overall staff communications, with administration and the diagnostic center." "We need to expand the day care facilities -- to open the center 24 hours a day, 7 days a week." "I don't like the uncertainty of funding and the lack of job security." "The program could be more efficient." "There is adequate housekeeping, maintenance and kitchen support."

It was the general feeling of the observation team that at the basic care level all elements are being provided: protection, nutrition, health, tender loving care, and general stimulation of mind and body. In addition, the center is functioning in the needed role of a half-way house for children with physical and emotional handicaps.

Overall the Georgetown University Hospital Day Care Center provides a small-scale but excellent example of how to combine private and public resources, volunteer organizations, large employers, and employees in providing quality day care for their children.

APPENDIX

The appendix consists of illustrative materials drawn directly from the center. Included are:

Center Pamphlet

Suggested Schedule

Lunch Menu

Parent Involvement Material

Volunteer Report

Table of Contents from Volunteer Training Packet

Admission and Health Forms

**THE DIAGNOSTIC NURSERY CENTER
OF THE
GEORGETOWN AFFILIATED CENTER
FOR
CHILD DEVELOPMENT**

The University Affiliated Center includes an education core through its affiliation with The George Washington University. The education core, with funds obtained through the Bureau of Education for the Handicapped of the U.S. Office of Education, is presently operating under a planning grant. The University Affiliated Center including the nursery is situated in a new wing of the Georgetown University Hospital.

PURPOSE:

The psycho-medical diagnostic evaluation model has failed to provide the educator with sufficient meaningful information on the pre-school age child. It is therefore maintained that a more extensive period of time is necessary in order to experiment with a variety of methods and materials in an effort to discover the young child's strengths, weaknesses, and current developmental level.

This project is one of twenty-four authorized and funded under Public Law 90-538, Handicapped Children's Early Education Assistance Act of 1968.

OBJECTIVES:

Identify pre-school children who may have handicapping conditions or who may present potential problems in existing pre-school facilities.

Other objectives of the program are to implement recommendations to integrate selected children into classes for normal children; coordinate parent activities with nursery programs; to develop effective programs for multiple-handicapped children and to recruit and train professional and sub-professional personnel to work effectively with these children.

PROGRAM:

Many children will be referred by day care centers, head start programs, regular nursery programs, parents, pediatricians, and public health facilities.

On initial contact, each child will be involved in an intensive diagnostic evaluation with an educator to obtain meaningful information to be utilized in the nursery program.

In the nursery program each child will be exposed to a wide variety of materials, methods, and educational strategies in order to find an appropriate educational placement when the child is ready to move on. The educational staff will maintain liaison with the receiving teacher to provide support and to establish positive relationships for future placements.

The educational staff will work with referring agencies, parents and schools in order to formulate a method for dealing with children who present potential problems.

The facilities and staff of the Georgetown University Affiliated Center for Child Development will be available to all the children enrolled in the Diagnostic Nursery Program.

Since it is anticipated that our services will expand down to the infant who has been identified as high risk or with definite recognizable characteristics such as the child with Cerebral Palsy or Down's Syndrome, services will be available on a modified basis to work with parents and children involving educators and other disciplines.

A Day Care Program sponsored by the Council of Jewish Women will be housed at the Georgetown University Hospital for the

purpose of providing a facility for children of hospital employees.

Many children from the Diagnostic Nursery will be integrated into this program for a further evaluation by the diagnostic staff and receiving school.

Further information may be obtained by contacting The Diagnostic Nursery.

Telephone: (202) 625-7170

GEORGETOWN UNIVERSITY HOSPITAL

3800 Reservoir Road, N. W.
Washington, D. C. 20007

COUNCIL DAY CARE CENTERS, INC.

Suggested Schedule for Spring, 1970

7-7:45 a. m.	Maintenance - Housekeeping Staff, GUH
7-7:30	Teachers arrive. Set up room, playground.
7:30-7:45	M. Rene brings snack. Orange juice in refrigerator, G-46A.
7:45 a. m.	First arrivals: Bernard, Tony, Kristine, Mark, Andris, Yovie, Jamie, Tonya, Tuny Group divided: Free Play: G-44, G-45 Fair weather: Out-of-Doors
9:15-9:30	Snack
9:30-10	Volunteer arrives (9:30: on Thursday, 10 a. m.)
10 - 11	FREE PLAY: Out-of-Doors Volunteer and 1 Teacher (min.) Indoors - Divided group. Miss Susan - Break, if possible . . . or, Miss Else - Administrative work, conferences, etc.
11-11:45	Luncheon from GUH Dietary Service. Cart delivered between 10:30-11 by M. Rene. Volunteers, please help set tables; sit at table with 2-3 children, as designated by teacher.
11:45-12	Miss Else: Break, Mother conferences, etc.
11:45-12:30	Miss Susan: Break, from 12-12:30 (minimum)* FREE PLAY: Out-of-Doors plus Quiet, Individual Activity Time; Table Games in small groups.
12:30-1 p. m.	Volunteer arrives (on Thursday, 1 p. m.); a. m. Volunteer leaves.
12:30-2	QUIET TIME: G-44 (1-3 children) Volunteer and Staff G-55 (5-6 children) G-37 (Emergency-Isolation for 1 child, teacher)
2-2:30	in G-44 as children wake up: QUIET TIME continues with Individual activities: Books, Puzzles, Listening to Records, etc.
2:30-2:45	Snack (or, Later - 3 to 3:15 Rainy Days)
2:45-4 p. m.	Play Out-of-Doors in Fair Weather FREE PLAY: Records, Stories, Games, Music Divided Group
4-4:15 p. m.	Children leave (by 4:15 p. m.) as Parents pick them up in Room G-44, or on Playground.
4:15 p. m.	STAFF: Clean-up, Meetings (with Social Worker, PHN, RJC, etc.)

NOTE: FREE PLAY includes choice by children of housekeeping corner, block building, table activities (games, puzzles, fine motor skill equipment), dramatic play, painting, clay, nature corner, listening to records, sand and water table play.

4/13/70 EMS

* Each teacher should have one hour off each day-- for her own, no school business.



TICKET TO LUNCHTOWN!

NAME _____ CAR No. _____

DIET _____ AGE _____

Monday #2 W



Cream of Tomato Soup
Crisp Crackers

Egg Salad Sandwich
Potato Chips
Minced Beef in Broth
Baby Beef

Whipped Potato

Parslied Carrot Slices
Pureed Carrots
Baby Carrots

Cucumbers Stick

Chilled Fruit Cocktail
Sugar Cookies
Baby Peaches

COTTAGE CHEESE JELLO ICE CREAM
WHOLE MILK SKIM MILK CHOCOLATE MILK
HOT TEA ICED TEA
SUGAR SALT PEPPER
WHITE BREAD WHOLE WHEAT BREAD
BREAD & BUTTER SANDWICH
BUTTER JELLY

GEORGETOWN UNIVERSITY HOSPITAL
Day Care Center
Parent Teacher Association

*Sample: Parent
Involvement
[Parent Initiated
with Head Teacher's
support and guidance] 10/16/70*

October 15, 1970

Dear Mrs.,

Enclosed is a ballot for you to vote for a representative to The N. C. J. W. Day Care Committee Board. Please mark and hand in as soon as possible.

Also please fill out the questionnaire and turn in as soon as possible. The questionnaire is also to be filled out by mothers formerly using the Center and by those who might be interested. Please give an extra questionnaire to anyone you know who is interested in The Day Care Center.

At the Parent - Teacher meeting on October 8, we decided to have an evening open-house meeting for all mothers and fathers.

Date: Wed., Nov. 11, 1970
Time: 7:30 p.m.
Place: School Room.

We will discuss 1) The role of TV at Home and in the School, and 2) The Day Care Center Handbook. Please try to attend. Coffee and donuts will be served.

Sincerely yours,

(Mrs.) Nancy Sharp
President

NS:lpj

GEORGETOWN UNIVERSITY HOSPITAL

**Day Care Center
PARENT - TEACHER - ASSOCIATION**

Mothers:

Please mark a check beside the name of the person you would like to have as your representative to The National Council of Jewish Women's Day Care Committee Board.

Child

Mrs. Benoit	(Maria)
Mrs. Byrdsong	(Marvina)
Mrs. Canty	(Tony)
Mrs. Marin	(Maria)
Mrs. Moore	(Mark)
Dr. Poblete	(Yovie)
Mrs. Reed	(Molly)
Mrs. Sharp	(Kristine)
Mrs. Williams	(Bernard)

October 9, 1970

GEORGETOWN UNIVERSITY HOSPITAL
DAY CARE CENTER PARENT - TEACHER ASSOCIATION

Following our meeting with Dr. Clayton in July, it was decided that we poll the mothers group in an effort to get their feelings toward the future of the day care center.

Please answer the following questions as honestly and quickly as possible, then either leave at the school room or forward to Mrs. Nancy Sharp--Clinical Study Unit (2 West.)

Thank you very much for your cooperation.

Questions:

- (1) How do you feel about changing location of the school off the hospital property so it could be enlarged? (For example; in a vacant room at Western High School)
- (2) How do you feel about adding a third person (not a certified teacher) in the afternoon, so the hours of the center could be extended?
- (3) How do you feel about adding a third teacher to the school, so that a better system of staggered hours and responsibilities could be worked out?
- (4) Do you feel it is necessary to maintain the quality of the G.U.H. Day Care Center; or do you think The Child Development Approach should be abandoned and that just Custodial Child Care be offered?
- (5) Are you satisfied with things as they are or would you like to see some improvements made?

Suggestions?

QUARTERLY REPORT #2 ON VOLUNTEER HOURS
 NCJW Council Day Care Centers, Inc.
 Period: May 1 through July 31, 1970

<u>Bendheim, Mrs. Joseph S. (Jeanne B.)</u>		2nd Quarter:	
5/20	3 3/4 hrs.	1st Qtr.	10
May	3 3/4 hrs.	2nd	3 3/4
		TOTAL	13 3/4
<u>Burka, Mrs. Philip (SaraBelle K.)</u>		12 hrs.	
5/4	1 1/2 hrs.	6/29	5 hrs.
5/18	1 1/2	7/13	4 1/2
May	2 3/4 hrs.	June	5 hrs.
		July	4 1/2
<u>Cooper, Mrs. Bennett (Joan)</u>		9 hrs.	
5/19	3 hrs.	6/2	3 hrs.
5/26	3		
May	6 hrs.	June	3 hrs.
<u>DeGroot, Mrs. Stanley (Lynn)</u>		17 3/4 hrs.	
5/11	3 hrs.	6/1	3 hrs.
5/18	3	6/8	3 1/2
5/25	3	6/30	1
May	9 hrs.	June	7 1/2 hrs.
		July	1 1/2 hrs.
<u>Dolkart, Mrs. Andrew (Jane)</u>		2 1/2 hrs.	
	NEW... 7/24	2 1/2	
<u>Frankel, Mrs. Jack (Judith)</u>		29 3/4 hrs.	
	NEW... 6/16	4 3/4	
	6/30	4 3/4	
	June	9 1/2 hrs.	
	July	20 1/2	
<u>Frenkel, Mrs. George L. (Eva)</u>		2 1/2 hrs.	
5/21	2 1/2 hrs.	(Secty.) 1st Qtr.	2 1/2 hrs.
May	2 1/2 hrs.	2nd	2 1/2
		TOTAL	4 1/2 hrs.
<u>Gordon, Mrs. Julie (Dorothy)</u>		---	
		1st Qtr.	5 3/4 hrs.
		2nd	0
		TOTAL	5 3/4
<u>Greenwald, Mrs. Mark (Betty)</u>		27 1/2 hrs.	
5/6	4 hrs.	6/3	3 1/2
5/20	3 1/2	6/17	3 1/2
		6/24	4
May	7 1/2	7/1	3 1/2
		7/8	3 1/2
		7/15	2
		June	11 hrs.
		July	9
<u>Heymsfeld, Mrs. David (Carla)</u>		Chairman of Volunteers - Hours not recorded, not at GUH as vol	

QUARTERLY REPORT #2 ON VOLUNTEER HOURS
NCJW Council Day Care Centers, Inc.
Period: May 1 through July 31, 1970

<u>Kligman, Mrs. Beverly</u>						2nd Quarter:
5/5 1½ hr.					2nd Qtr. 1½ hr.	1½ hr.
May 1½ hr.						
<u>Lovy, Mrs. Arthur A. (Sally)</u>						
					1st Qtr. 11 ¾ hrs.	
					2nd	
					TOTAL 11 ¾ hrs.	
<u>Meyer, Mrs. Jerome (Marjorie)</u>						
					1st Qtr. 3½ hrs.	
					2nd	
					TOTAL 3½ hrs.	
<u>Nauheim, Mrs. Ferd (Beatrice)</u>						11½ hrs.
5/5 2 hrs.					1st Qtr. 13½ hrs.	
5/12 3½					2nd	
5/19 3					TOTAL 24½ hrs.	
5/26 3						
May 11½ hrs.						
<u>Ritzenberg, Mrs. Saul (Sylvia)</u>						33 hrs.
5/8 3 ¾ hrs.	6/12 4 hrs.	7/1 5	1st Qtr. 3½ hrs.			
5/15 3 ¾	6/17 5	7/29 2½	2nd			
5/22 4	6/24 5		TOTAL 36½ hrs.			
May 11½ hrs.	June 14 hrs.	July 7½				
<u>Robins, Mrs. Richard (Eve)</u>						14½ hrs.
NEW...	7/15 5	2nd Qtr. 14½ hrs.				
	7/22 5					
	7/29 4½					
	July 14½ hrs.					
<u>Rodis, Mrs. Isadore (Lillian)</u>						37½ hrs.
5/7 3 hrs.	6/4 3	7/9 3 hrs.	1st Qtr. 40 ¾			
5/21 3½	6/11 3½	7/16 3	2nd			
5/27 4	6/18 3	7/23 3	TOTAL 78 hrs.			
5/28 3	6/25 3	7/31 2½				
May 13½ hrs.	June 12½	July 11½ hrs.				
<u>Ross, Mrs. Louis (Ann)</u>						18 hrs.
	6/15 5	7/8 3 hrs.	1st Qtr. 30½ hrs.			
	6/22 5	7/20 5	2nd			
	June 10	July 8 hrs.	TOTAL 48½ hrs.			
<u>Schulman, Mrs. Robert A. (Betty)</u>						Est. 8 hrs.
GUH - NCJW re: Insurance, Admissions, etc.						
Hours not recorded at GUH...			Est. 1st Qtr. 8 hrs.			
			2nd			
			TOTAL 16 hrs.			

QUARTERLY REPORT #2 ON VOLUNTEER HOURS
 NCJW Council Day Care Centers, Inc.
 Period: May 1 through July 31, 1970

2nd Quarter:

Seidel, Mrs. Kenneth (Kathy)

Chairman of Volunteers -
 Hours not recorded, not at GUH.

Sinker, Mrs. Julius (Florence)

1st Qtr. 3 hrs.
 2nd 0
 TOTAL 3 hrs.

Stromberg, Mrs. Edgar (Mildred)

7/10 5 hrs.
 7/17 4 1/2
 7/24 3 1/2

1st Qtr. 25 3/4
 2nd 13
 TOTAL 38 3/4

July 13 hrs.

Sundick, Mrs. Gary (Sherry)

New... 7/8 3 1/2 hrs.

2nd Qtr. 3 1/2 hrs. 3 1/2 hrs.

July 3 1/2 hrs.

Warner, Mrs. Edgar (Betty)

5/4 3 3/4 6/5 2 1/2 hrs.
 5/8 3 1/2 6/12 2 3/4
 5/15 3 6/19 5
 5/27 4 6/26 5
 6/29 2 3/4

1st Qtr. 22 1/2
 2nd 32
 TOTAL 54 1/2

May 14 hrs.

June 18 hrs.

Wattenberg, Mrs. Ben (Larna)

5/12 3 hrs.
 5/25 3

1st Qtr. 3 1/2 hrs. 6 hrs.
 2nd 6
 TOTAL 9 1/2 hrs.

May 6 hrs.

Weinstein, Mrs. Leonard (Barbara)

5/7 3 hrs.
 5/14 3
 5/28 4 1/2

6/4 3 hrs.
 6/11 2 3/4
 6/18 3
 6/25 2 1/2

7/9 3 hrs.
 7/16 2 3/4
 7/31 2

1st Qtr. 35 3/4 hrs.
 2nd 29
 TOTAL 64 3/4 hrs.

May 10 1/2

June 11 hrs.

July 7 3/4 hrs.

7/31/70 ELS

GEORGETOWN UNIVERSITY HOSPITAL

3800 RESERVOIR ROAD, N.W.
WASHINGTON, D.C. 20007

UNIVERSITY AFFILIATED CENTER
FOR CHILD DEVELOPMENT

825-7678

TABLE OF CONTENTS: TRAINING PACKET FOR VOLUNTEERS

ACEI: Publications List

Community Playthings Articles

- 1) "The Use of Large Muscle Play Equipment in The Classroom"
- 2) "Criteria for Selecting Play Equipment for Early Childhood Education"

Fact Sheet - Day Care & Child Development Council of America, Inc.

Frank, Lawrence K.: Play Is Valid, ACEI Reprint

Krohnfeldt, Virginia: "The Importance of Autonomy, Initiative, and Imagination in the Life of a Child, Age 2-5"

NAEYC: Publications List

Nixon, Arne J.: A Child's Right to The Expressive Arts, ACEI Repr.

Observation Guide Sheet

Project Head Start, Fairfax County: "Developing Ideas of Comparison"

Selected Reading for Volunteers

Some Children's Books to Read and Know

Song and Game Refresher List

Staff and Volunteers: Personnel List - *not included herein*

Volunteer's Letter (Feb., 1970) - 3 attachments

- 1) Diagnostic Nursery brochure
- 2) Statement on Volunteers - Child Welfare League of America, Inc.
- 3) Excerpt from ACEI magazine article, "When Children Enjoy School: Some Lessons from Britain" January, 1970 pp.195-200

3/18/70 EMS

Revision of Packet #1 11/69

DIVISION OF GEORGETOWN UNIVERSITY MEDICAL CENTER

UNIVERSITY AFFILIATED CENTER FOR CHILD DEVELOPMENT
Georgetown University Hospital

APPLICATION FOR DAY CARE

		<u>DATE</u>	
<u>NAME OF CHILD</u>		<u>MALE OR FEMALE</u>	<u>BIRTHDATE</u>
Last,	First, Middle		
<u>ADDRESS</u>		<u>PHONE NUMBER</u>	
<u>NAME OF APPLICANT</u>		<u>RELATIONSHIP TO CHILD</u>	
<u>MOTHER'S FULL NAME</u>		<u>PHONE NUMBER</u>	
<u>FATHER'S FULL NAME</u>			
<u>FATHER'S ADDRESS</u>		<u>PHONE NUMBER</u>	
<u>GUARDIAN OR CARETAKER</u>			
<u>ADDRESS</u>		<u>PHONE NUMBER</u>	

<u>BROTHERS AND SISTERS</u>					
<u>NAME</u>	<u>MALE OR FEMALE</u>	<u>AGE</u>	<u>SCHOOL</u>	<u>GRADE</u>	<u>LIVING WITH ABOVE CHILD</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIVING ARRANGEMENTS

Apartment: _____ House: _____ Buying _____ Renting _____ Monthly payments _____

No. of living rooms not counting bathroom and kitchen _____

How many people live in house? _____ How long at present address? _____

How many times have you moved in the last five (5) years? _____

PERSONAL DATA-PARENTS

Father

Birthdate _____ Occupation _____ How long on present job _____ Hours _____

Business address _____ Phone number _____ Salary _____

(If father lives away from home) _____ Does father offer support for the child? How much? _____

Other sources of income _____ Monthly amount _____

Mother

Birthdate _____ Occupation _____ How long on present job _____ Hours _____

Business address _____ Phone number _____ Salary _____

Other sources of income _____ Monthly amount _____

If known to FAD OR CWD, name of case worker _____

Has Parent been known to FAD or CWD in past 6 months? _____

- 3 -

Phone number of 2 relatives or friends who live nearby to call in an emergency:

Name Phone Number

Name Phone Number

Who will bring and pick up the child? _____ Phone Number _____

What time? _____

PERSONAL DATA - CHILD

Tell me about your child?(active? talkative? stubborn? shy? independent? moody?
etc.) _____

What do you call your child? _____

Has your child had any previous pre-school experience? _____

Is this your child's first experience away from mother? ____ If not, who
usually takes care of child? _____

Is he toilet trained? ____ What is his word for needing to go to the toilet? _____

Does he need to be reminded? _____

Is there anything about your child's eating habits we should know?

When does your child go to bed? _____

Does he sleep well? _____

How old is friend or friends? _____

What does he like to do best of all? _____

Is there anything that is hard to understand about your child's behavior?

Any problems? _____

What is he afraid of? _____

How do you discipline your child?

How much help does your child need in dressing? _____

HEALTH INFORMATION

Family doctor or clinic:

Name

Phone Number

Does child have any medical problems which we should know about?

Any allergies? _____

Comments and impressions: (Briefly, give your impressions of mother and her attitude toward child and any pertinent information she gave about child and/or family not covered by questionnaire.) This must be filled out.

ADMISSION AGREEMENT FORM

We hereby agree to enroll _____ in the Georgetown
CHILD'S NAME
University Hospital Day Care Center program starting _____.

We understand that our child is accepted essentially on a trial basis. We assume the risks of all activities in which our child engages on or off the premises, with the understanding that every reasonable effort will be made to avoid accidents.

Signature _____

Witness _____

Date _____

12-24-69 EMS

GEORGETOWN UNIVERSITY HOSPITAL
U.A.C. - CHILD DAY CARE CENTER

Medical Consent Form

Child's name: _____ Birthdate: _____

Address: _____

Parents: _____

Emergency contact: _____

Physician or clinic: _____
Name

Address

Entrance physical done by: _____ date: _____
Name

Address

1. I, hereby give consent for the Child Day Care Association:

- a) To obtain necessary medical information
- b) To provide emergency medical care in the event that either parent or guardian cannot be reached
- c) To provide tests for vision and hearing and corrective procedures if necessary
- d) To give TB skin test if needed

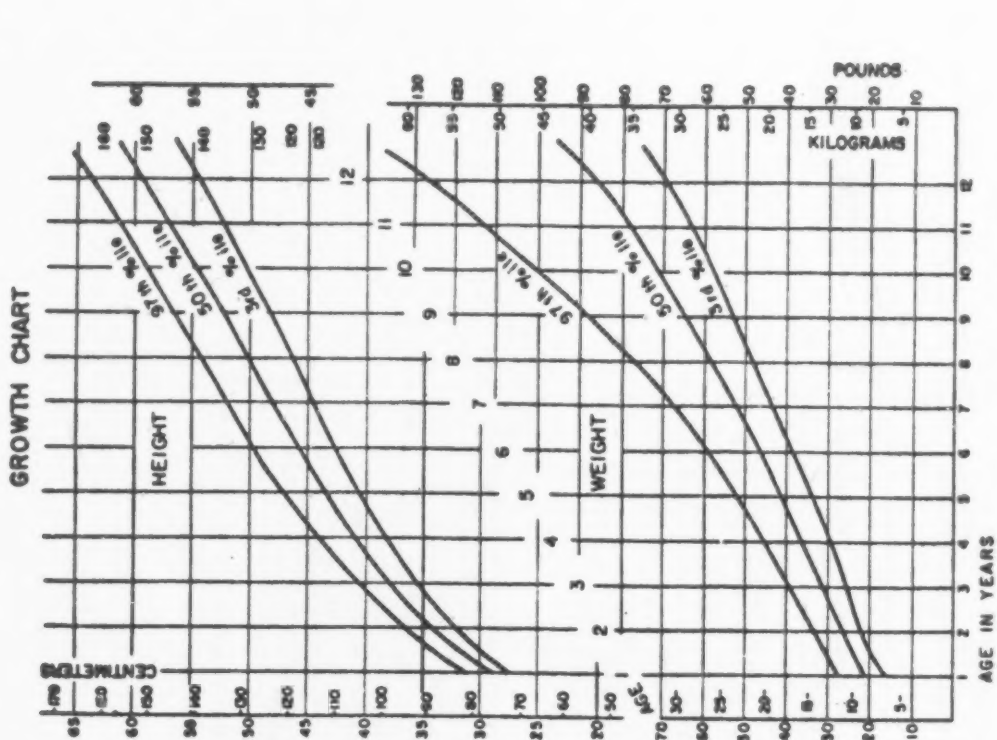
2. I also consent to the following services if necessary later:

- a) Complete physical examination including Urinalysis, Hematocrit (test for weak blood)

Signature _____
(parent or guardian)

Date _____

Witness _____



I give my permission for _____ to have all necessary medical examinations, immunizations, laboratory tests, and treatments from the physicians, dentists, and other health personnel of the pre-school and school health programs

Date _____ Signature of parent or guardian _____

WHO 5215-715

(Excerpt from Budget Review Approval)

CHILD HEALTH RECORD

NAME OF CHILD (Last, first, middle)		HOME ADDRESS (see reverse and other pages)		TELEPHONE NO.
IDENTIFICATION OF SCHOOL OR AGENCY				
NAME OF MOTHER (Last, first, middle)	DATE OF BIRTH	PLACE OF BIRTH (city and state)		
OCCUPATION OF MOTHER	YEAR OF BIRTH	SCHOOL GRADE COMPLETED		
NAME OF FATHER (Last, first, middle)	WHAT LANGUAGE IS USUALLY SPOKEN IN THE HOME?	YEAR OF BIRTH		
USUAL OCCUPATION OF FATHER	☐ English ☐ Other	SCHOOL GRADE COMPLETED		
HEAD OF HOUSEHOLD IS ☐ FATHER ☐ MOTHER ☐ OTHER (specify)	NO WEEKS UNEMPLOYED IN PAST YEAR	EMPLOYER		
	DURING THE DAY, THIS CHILD IS USUALLY CARED FOR BY:			
	☐ Mother ☐ Father ☐ Other (specify)			
FAMILY AND HOUSEHOLD				
NAME	DATE OF BIRTH	RELATIONSHIP TO PATIENT	HEALTH PROBLEMS AND SCHOOL PROGRESS	
FATHER		yes no		
MOTHER		yes no		
CHILDREN IN ORDER OF BIRTH (List all pregnancies including infants)				
1.				
2.				
3.				
4.				
5.				
6.				
OTHERS IN HOUSEHOLD (List all relatives)				
1.				
2.				
3.				
4.				
ARE THERE ANY DISEASES WHICH "RUN IN THE FAMILY"?				
☐ no ☐ yes (specify)				
IN CASE OF AN EMERGENCY, PARENT OR GUARDIAN MAY BE CONTACTED AT: ☐ home ☐ work ☐ other				
TELEPHONE NO.			TELEPHONE NO.	
IF PARENT CANNOT BE REACHED, CONTACT: ☐ relative ☐ friend				
NAME			TELEPHONE NO.	
THIS FAMILY IS ELIGIBLE FOR MEDICAL PAYMENTS UNDER: ☐ Blue Cross - Blue Shield ☐ Private Health Ins. ☐ Public Funds (Welfare, Aid, etc.) ☐ Other				

CAP-HS FORM 30 (REV. APR. 67) PREVIOUS EDITIONS ARE OBSOLETE

IMMUNIZATION RECORD (NOTE DATE AND ANY ADVERSE REACTIONS)											
ORIGINAL SERIES	01	02	03	FOR EACH IMMUNIZATION, INDICATE TYPE OF VACCINE (OPV-1 TRIVALENT ORAL; OPV-4 TYPE 1 ORAL; D-SAL-100)							
	01	02	03		04						
BOOSTERS (1st, 2nd, 3rd, 4th)	01	02	03	04							
POLIO	01	02	03	04							
MEASLES	01	02	03	04							
SMALL POX	01	02	03	04							
OTHER (SPECIAL VACCINES)	01	02	03	04							

SCREENING TESTS RECORD (ENTER DETAILS AND FOLLOW-UP OF ABNORMAL TESTS IN PROGRESS NOTES)											
TUBERCULIN TESTS	DATE	RESULT	TYPE OF TEST		ACQUILITY (score)		PUSION		COMMENTS		
	DATE	RESULT	TYPE OF TEST	TYPE OF TEST	DATE	RESULT	DATE	RESULT	COMMENTS		
VISION SCREENING	DATE	RESULT	TYPE OF TEST		ACQUILITY (score)		PUSION		COMMENTS		
	DATE	RESULT	TYPE OF TEST	TYPE OF TEST	DATE	RESULT	DATE	RESULT	COMMENTS		
AUDITORY SCREENING (include audiogram in progress notes)	DATE	RESULT	TYPE OF TEST		ACQUILITY (score)		PUSION		COMMENTS		
	DATE	RESULT	TYPE OF TEST	TYPE OF TEST	DATE	RESULT	DATE	RESULT	COMMENTS		
HEMATOCYT OR HEMOGLOBIN	DATE	RESULT	TYPE OF TEST		ACQUILITY (score)		PUSION		COMMENTS		
	DATE	RESULT	TYPE OF TEST	TYPE OF TEST	DATE	RESULT	DATE	RESULT	COMMENTS		
OTHER SCREENING OR LABORATORY TESTS (INCLUDE PSYCHOMETRIC, IF AVAILABLE)											
DATE	RESULT	TYPE OF TEST		ACQUILITY (score)		PUSION		COMMENTS			
DATE	RESULT	TYPE OF TEST	TYPE OF TEST	DATE	RESULT	DATE	RESULT	COMMENTS			